I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRES

SIGNATURE: ALIETTE C. TRELLES

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000016014

Entity Name: ACT STUDIO, LLC ***** SEE NOTE *****

Current Principal Place of Business:

169 E FLAGLER STREET SUITE 1619 MIAMI, FL 33131

Current Mailing Address:

169 E FLAGLER STREET SUITE 1619 MIAMI, FL 33131 US

FEI Number: 47-3063455

Name and Address of Current Registered Agent:

HAYES BOOKKEEPING INC 408 W. UNIVERSITY AVE 504 GAINESVILLE, FL 32601 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	PRES	Title	PRES
Name	TRELLES, ALIETTE C	Name	TRELLES, MARIA T
Address	169 E FLAGLER STREET 1619	Address	169 E FLAGLER STREET 1619
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131



Date

Certificate of Status Desired: No

04/12/2018